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A COMPARISON OF LONG TERM OUTCOMES OF CROSS-OVER SINGLE STENTING AND TWO STENTS IN LEFT MAIN BIFURCATION VIA TRANSRADIAL APPROACH

Poster Contributions

Hall C

Monday, March 31, 2014, 9:45 a.m.-10:30 p.m.

Session Title: Left Main, Multivessel, and Bifurcation PCI

Abstract Category: 40. TCT@ACC-i2: Coronary Intervention: Lmain, Multivessel, Bifurcation

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Background: The outcome of different percutaneous intervention strategy for distal left main (LM) bifurcation via transradial approach (TRA) was not clear. This study aims to compare the long-term outcomes of two stents with that of cross-over single stenting using the drug-eluting stent (DES) on LM bifurcation lesions via TRA.

Methods: Subjects were 226 consecutive patients with distal LM bifurcation lesions who underwent cross-over single stenting or bifurcation stenting using DES via TRA. The patients were divided into 109 patients (48%), in whom the stent was implanted in the main vessel alone with the kissing balloon technique performed for the main vessel and side branch (Single-stenting group; S group), and 117 patients (52%), in whom the stent was implanted through two stent technique (T group: Modified crush-stenting 35%, culotte 40%, T stent 25%). The two groups were compared for major adverse cardiac events (MACE) which included target lesion revascularization (TVR), acute myocardial infarction and death.

Results: Procedure success rate was similar between two groups (98.2% vs 96.6%), Cross over to trans-femoral was low in each group (0% vs 1.8%). Over a median follow-up period of 36 months. There were no differences for TLR, with this conducted in 4.6% of S group and 6.1% of T group. There was no difference between the groups in MACE with 10.9% in S group and 12.1% in T group. No significant difference was seen in MACE-free survival rate at 36 month with 90.9% for S group and 87.4% for T group (P=NS). Sub-group analysis showed that in patients with diabetes, the MACE was much higher in T group than S group (16.4%, 9.1% P < 0.05).

Conclusion: No differences in long outcomes were revealed in a comparison between cross-over single stenting and two stents in LM stenting via TRA. In patients with Diabetes, the MACE rate was much higher in two stents strategy.